

Patient Name : Mr.GANESH SUDAN KHEDEKAR  
Age/Gender : 40 Y 0 M 11 D/M  
UHID/MR No : STAR.0000066362  
Visit ID : STAROPV74771  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 23319

Collected : 13/Nov/2024 08:31AM  
Received : 13/Nov/2024 10:12AM  
Reported : 13/Nov/2024 01:24PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF HAEMATOLOGY**

**PERIPHERAL SMEAR , WHOLE BLOOD EDTA**

Methodology : Microscopic

RBC : Normocytic normochromic


WBC : Normal in number, morphology and distribution. No abnormal cells seen

Platelets : Adequate on smear.

Parasites : No Haemoparasites seen

**IMPRESSION : Normocytic normochromic blood picture**

Note/Comment : Please Correlate clinically

  
**DR. APEKSHA MADAN**  
MBBS, DPB  
PATHOLOGY



SIN No:BED240246820

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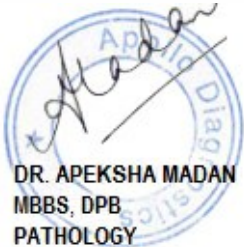
**DEPARTMENT OF HAEMATOLOGY**

**ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
<b>HAEMOGLOBIN</b>	15.9	g/dL	13-17	CYANIDE FREE COLOUROMETER
PCV	49.10	%	40-50	PULSE HEIGHT AVERAGE
RBC COUNT	<b>6.02</b>	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	<b>81.6</b>	fL	83-101	Calculated
MCH	<b>26.4</b>	pg	27-32	Calculated
MCHC	32.3	g/dL	31.5-34.5	Calculated
R.D.W	13	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,430	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	62	%	40-80	Electrical Impedance
LYMPHOCYTES	28	%	20-40	Electrical Impedance
EOSINOPHILS	02	%	1-6	Electrical Impedance
MONOCYTES	08	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	3986.6	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1800.4	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	128.6	Cells/cu.mm	20-500	Calculated
MONOCYTES	514.4	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	2.21		0.78- 3.53	Calculated
<b>PLATELET COUNT</b>	209000	cells/cu.mm	150000-410000	IMPEDENCE/MICROSCOPY
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	05	mm at the end of 1 hour	0-15	Modified Westergren
<b>PERIPHERAL SMEAR</b>				

Methodology : Microscopic

Page 2 of 21



**DR. APEKSHA MADAN**  
MBBS, DPB  
PATHOLOGY



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Begumpet, Hyderabad, Telangana - 500016

**Address:**  
100, Apollo Speciality Hospitals Building,  
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Tel: 022-4552 4520

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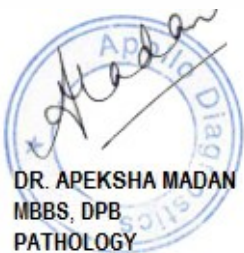
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Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA</b>				
BLOOD GROUP TYPE	O			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination

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**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, FASTING , NAF PLASMA	100	mg/dL	70-100	GOD - POD


**Comment:**

**As per American Diabetes Guidelines, 2023**

Fasting Glucose Values in mg/dL	Interpretation
70-100 mg/dL	Normal
100-125 mg/dL	Prediabetes
≥126 mg/dL	Diabetes
<70 mg/dL	Hypoglycemia

**Note:**

- 1.The diagnosis of Diabetes requires a fasting plasma glucose of > or = 126 mg/dL and/or a random / 2 hr post glucose value of > or = 200 mg/dL on at least 2 occasions.
2. Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.



**DR. APEKSHA MADAN**  
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SIN No:PLF02211439

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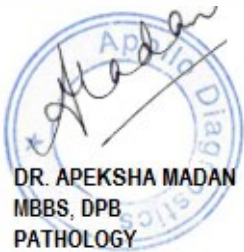
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**ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)</b>	105	mg/dL	70-140	GOD - POD

**Comment:**

It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other.  
Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.



**DR. APEKSHA MADAN**  
MBBS, DPB  
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SIN No:PLP1488128

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Age/Gender : 40 Y 0 M 11 D/M	Received : 13/Nov/2024 02:33PM
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**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
HBA1C, GLYCATED HEMOGLOBIN	<b>5.8</b>	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	120	mg/dL		Calculated


**Comment:**

Reference Range as per American Diabetes Association (ADA) 2023 Guidelines:

REFERENCE GROUP	HBA1C %
NON DIABETIC	<5.7
PREDIABETES	5.7 – 6.4
DIABETES	≥ 6.5
DIABETICS	
EXCELLENT CONTROL	6 – 7
FAIR TO GOOD CONTROL	7 – 8
UNSATISFACTORY CONTROL	8 – 10
POOR CONTROL	>10

**Note:** Dietary preparation or fasting is not required.

- HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.
- Trends in HbA1C values is a better indicator of Glycemic control than a single test.
- Low HbA1C in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.
- Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.
- In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control
  - A: HbF >25%
  - B: Homozygous Hemoglobinopathy.
 (Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)



**Dr. Sandip Kumar Banerjee**  
M.B.B.S., M.D (PATHOLOGY), D.P.B  
Consultant Pathologist

SIN No: EDT240094256



Patient Name : Mr.GANESH SUDAN KHEDEKAR	Collected : 13/Nov/2024 08:31AM
Age/Gender : 40 Y 0 M 11 D/M	Received : 13/Nov/2024 10:09AM
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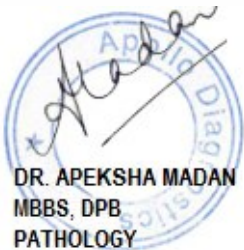
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Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	130	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	190	mg/dL	<150	
HDL CHOLESTEROL	30	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	100	mg/dL	<130	Calculated
LDL CHOLESTEROL	62	mg/dL	<100	Calculated
VLDL CHOLESTEROL	38	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.33		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.44		<0.11	Calculated

**Comment:**

Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	≥ 500
LDL	Optimal < 100 Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220



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Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.80	mg/dL	0.1-1.2	Azobilirubin
BILIRUBIN CONJUGATED (DIRECT)	0.30	mg/dL	0.1-0.4	DIAZO DYE
BILIRUBIN (INDIRECT)	0.50	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	<b>54</b>	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	<b>39.0</b>	U/L	8-38	JSCC
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	0.7		<1.15	Calculated
ALKALINE PHOSPHATASE	72.00	U/L	32-111	IFCC
PROTEIN, TOTAL	7.80	g/dL	6.7-8.3	BIURET
ALBUMIN	4.90	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	2.90	g/dL	2.0-3.5	Calculated
A/G RATIO	1.69		0.9-2.0	Calculated

**Comment:**

LFT results reflect different aspects of the health of the liver, i.e., hepatocyte integrity (AST & ALT), synthesis and secretion of bile (Bilirubin, ALP), cholestasis (ALP, GGT), protein synthesis (Albumin) Common patterns seen:

1. Hepatocellular Injury:

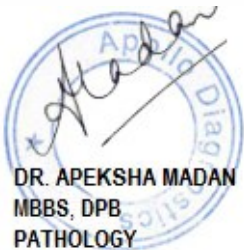
\*AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.\*ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI. Disproportionate increase in AST, ALT compared with ALP. AST: ALT (ratio) – In case of hepatocellular injury AST: ALT > 1 In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilson's diseases, Cirrhosis, but the increase is usually not >2.

2. Cholestatic Pattern:\*ALP – Disproportionate increase in ALP compared with AST, ALT. ALP elevation also seen in pregnancy, impacted by age and sex.\*Bilirubin elevated- predominantly direct , To establish the hepatic origin correlation with elevated GGT helps.

3. Synthetic function impairment:\*Albumin- Liver disease reduces albumin levels, Correlation with PT (Prothrombin Time) helps.

4. Associated tests for assessment of liver fibrosis - Fibrosis-4 and APRI Index.

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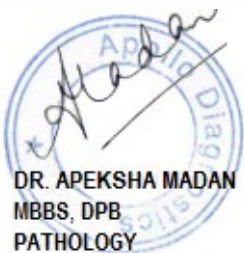
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GLOBULIN	2.90	g/dL	2.0-3.5	Calculated
A/G RATIO	1.69		0.9-2.0	Calculated
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT)	31.00	U/L	16-73	Glycylglycine Kinetic method

**Comment:**

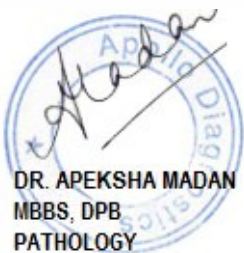
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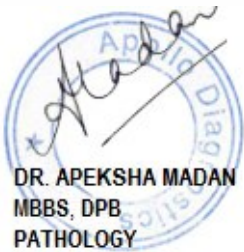
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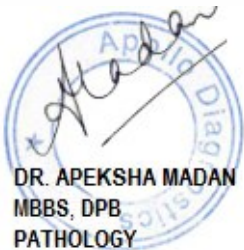
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 Emp/Auth/TPA ID : 23319

Collected : 13/Nov/2024 08:31AM  
 Received : 13/Nov/2024 10:09AM  
 Reported : 13/Nov/2024 11:46AM  
 Status : Final Report  
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.90	mg/dL	0.6-1.1	ENZYMATIC METHOD
UREA	24.20	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	11.3	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.60	mg/dL	4.0-7.0	URICASE
CALCIUM	9.20	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	3.40	mg/dL	2.6-4.4	PNP-XOD
SODIUM	143	mmol/L	135-145	Direct ISE
POTASSIUM	4.2	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	104	mmol/L	98-107	Direct ISE
PROTEIN, TOTAL	7.80	g/dL	6.7-8.3	BIURET
ALBUMIN	4.90	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	2.90	g/dL	2.0-3.5	Calculated
A/G RATIO	1.69		0.9-2.0	Calculated



**DR. APEKSHA MADAN**  
 MBBS, DPB  
 PATHOLOGY



SIN No:SE04844483

Patient Name : Mr.GANESH SUDAN KHEDEKAR	Collected : 13/Nov/2024 08:31AM
Age/Gender : 40 Y 0 M 11 D/M	Received : 13/Nov/2024 10:09AM
UHID/MR No : STAR.0000066362	Reported : 13/Nov/2024 11:46AM
Visit ID : STAROPV74771	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 23319	

**DEPARTMENT OF BIOCHEMISTRY**

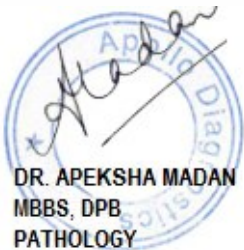
**ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Interval	Method
ALKALINE PHOSPHATASE , <i>SERUM</i>	72.00	U/L	32-111	IFCC

Test Name	Result	Unit	Bio. Ref. Interval	Method
CALCIUM , <i>SERUM</i>	9.20	mg/dL	8.4-10.2	CPC

**Comments:-**

Serum calcium measurements are done to monitor and diagnose disorders of skeletal system, parathyroid gland, kidney, muscular disorders, and abnormal vitamin D and protein levels.

**DR. APEKSHA MADAN**  
MBBS, DPB  
PATHOLOGY

SIN No:SE04844483

**Apollo Speciality Hospitals Private Limited**

(Formerly known as Apollo Speciality Hospitals Private Limited)

CIN- U85100TG2009PTC099414

Regd Off:1-10-62/62, 5th Floor, Ashoka Baghupethi Chambers,  
Begumpet, Hyderabad, Telangana - 500016

**Address:**

100, Apollo Speciality Hospitals Building,  
Indira Nagar Central, Banjara Hills, Hyderabad  
Tn: 022 4552 4550

Patient Name : Mr.GANESH SUDAN KHEDEKAR	Collected : 13/Nov/2024 08:31AM
Age/Gender : 40 Y 0 M 11 D/M	Received : 13/Nov/2024 10:20AM
UHID/MR No : STAR.0000066362	Reported : 13/Nov/2024 01:26PM
Visit ID : STAROPV74771	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 23319	

**DEPARTMENT OF IMMUNOLOGY**

**ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324**

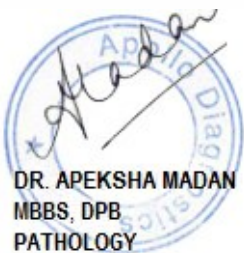
Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-IODOTHYRONINE (T3, TOTAL)	1.7	ng/mL	0.67-1.81	ELFA
THYROXINE (T4, TOTAL)	8.16	µg/dL	4.66-9.32	ELFA
THYROID STIMULATING HORMONE (TSH)	1.220	µIU/mL	0.25-5.0	ELFA

**Comment:**

<b>For pregnant females</b>	<b>Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)</b>
First trimester	0.1 - 2.5
Second trimester	0.2 – 3.0
Third trimester	0.3 – 3.0

1. TSH is a glycoprotein hormone secreted by the anterior pituitary. TSH activates production of T3 (Triiodothyronine) and its prohormone T4 (Thyroxine). Increased blood level of T3 and T4 inhibit production of TSH.
2. TSH is elevated in primary hypothyroidism and will be low in primary hyperthyroidism. Elevated or low TSH in the context of normal free thyroxine is often referred to as sub-clinical hypo- or hyperthyroidism respectively.
3. Both T4 & T3 provides limited clinical information as both are highly bound to proteins in circulation and reflects mostly inactive hormone. Only a very small fraction of circulating hormone is free and biologically active.
4. Significant variations in TSH can occur with circadian rhythm, hormonal status, stress, sleep deprivation, medication & circulating antibodies.

TSH	T3	T4	FT4	Conditions
High	Low	Low	Low	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis
High	N	N	N	Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Treatment.
N/Low	Low	Low	Low	Secondary and Tertiary Hypothyroidism
Low	High	High	High	Primary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy
Low	N	N	N	Subclinical Hyperthyroidism
Low	Low	Low	Low	Central Hypothyroidism, Treatment with Hyperthyroidism
Low	N	High	High	Thyroiditis, Interfering Antibodies



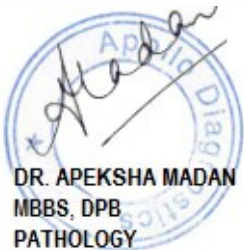
SIN No:SPL24146642

Patient Name	: Mr.GANESH SUDAN KHEDEKAR	Collected	: 13/Nov/2024 08:31AM
Age/Gender	: 40 Y 0 M 11 D/M	Received	: 13/Nov/2024 10:20AM
UHID/MR No	: STAR.0000066362	Reported	: 13/Nov/2024 01:26PM
Visit ID	: STAROPV74771	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 23319		

**DEPARTMENT OF IMMUNOLOGY**

**ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324**

N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma

**DR. APEKSHA MADAN**  
MBBS, DPB  
PATHOLOGY

SIN No:SPL24146642



Patient Name : Mr.GANESH SUDAN KHEDEKAR  
 Age/Gender : 40 Y 0 M 11 D/M  
 UHID/MR No : STAR.0000066362  
 Visit ID : STAROPV74771  
 Ref Doctor : Dr.SELF  
 Emp/Auth/TPA ID : 23319

Collected : 13/Nov/2024 08:31AM  
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**DEPARTMENT OF IMMUNOLOGY**

**ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Interval	Method
VITAMIN D (25 - OH VITAMIN D) , SERUM	16.4	ng/mL		ELFA

**Comment:**

**BIOLOGICAL REFERENCE RANGES**

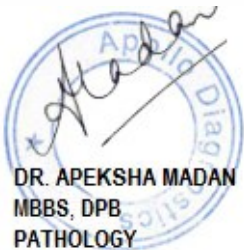
VITAMIN D STATUS	VITAMIN D 25 HYDROXY (ng/mL)
DEFICIENCY	<10
INSUFFICIENCY	10 – 30
SUFFICIENCY	30 – 100
TOXICITY	>100

The biological function of Vitamin D is to maintain normal levels of calcium and phosphorus absorption. 25-Hydroxy vitamin D is the storage form of vitamin D. Vitamin D assists in maintaining bone health by facilitating calcium absorption. Vitamin D deficiency can also cause osteomalacia, which frequently affects elderly patients.

Vitamin D Total levels are composed of two components namely 25-Hydroxy Vitamin D2 and 25-Hydroxy Vitamin D3 both of which are converted into active forms. Vitamin D2 level corresponds with the exogenous dietary intake of Vitamin D rich foods as well as supplements. Vitamin D3 level corresponds with endogenous production as well as exogenous diet and supplements. Vitamin D from sunshine on the skin or from dietary intake is converted predominantly by the liver into 25-hydroxy vitamin D, which has a long half-life and is stored in the adipose tissue. The metabolically active form of vitamin D, 1,25-di-hydroxy vitamin D, which has a short life, is then synthesized in the kidney as needed from circulating 25-hydroxy vitamin D. The reference interval of greater than 30 ng/mL is a target value established by the Endocrine Society.

**Decreased Levels:-** Inadequate exposure to sunlight, Dietary deficiency, Vitamin D malabsorption, Severe Hepatocellular disease., Drugs like Anticonvulsants, Nephrotic syndrome.

**Increased levels:-** Vitamin D intoxication.



Patient Name : Mr.GANESH SUDAN KHEDEKAR	Collected : 13/Nov/2024 08:31AM
Age/Gender : 40 Y 0 M 11 D/M	Received : 13/Nov/2024 02:33PM
UHID/MR No : STAR.0000066362	Reported : 13/Nov/2024 03:34PM
Visit ID : STAROPV74771	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 23319	

**DEPARTMENT OF IMMUNOLOGY**

**ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Interval	Method
VITAMIN B12 , SERUM	150	pg/mL	120-914	CLIA

**Comment:**

Vitamin B12 deficiency frequently causes macrocytic anemia, glossitis, peripheral neuropathy, weakness, hyperreflexia, ataxia, loss of proprioception, poor coordination, and affective behavioral changes. A significant increase in RBC MCV may be an important indicator of vitamin B12 deficiency.

Patients taking vitamin B12 supplementation may have misleading results. A normal serum concentration of B12 does not rule out tissue deficiency of vitamin B12 . The most sensitive test for B12 deficiency at the cellular level is the assay for MMA. If clinical symptoms suggest deficiency, measurement of MMA and homocysteine should be considered, even if serum B12 concentrations are normal.



Dr.Sandip Kumar Banerjee  
M.B.B.S.,M.D(PATHOLOGY),D.P.B  
Consultant Pathologist



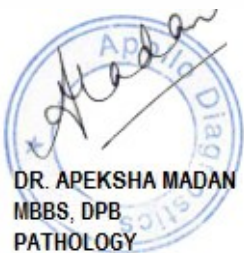
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Patient Name : Mr.GANESH SUDAN KHEDEKAR	Collected : 13/Nov/2024 08:31AM
Age/Gender : 40 Y 0 M 11 D/M	Received : 13/Nov/2024 10:20AM
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Visit ID : STAROPV74771	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 23319	

**DEPARTMENT OF IMMUNOLOGY**

**ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM</b>	0.460	ng/mL	0-4	ELFA

**DR. APEKSHA MADAN**  
MBBS, DPB  
PATHOLOGY

SIN No:SPL24146642

Patient Name : Mr.GANESH SUDAN KHEDEKAR  
Age/Gender : 40 Y 0 M 11 D/M  
UHID/MR No : STAR.0000066362  
Visit ID : STAROPV74771  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 23319

Collected : 13/Nov/2024 08:31AM  
Received : 13/Nov/2024 02:01PM  
Reported : 13/Nov/2024 04:32PM  
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Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF CLINICAL PATHOLOGY**

**ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324**


Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Physical Measurement
pH	6.0		5-7.5	Double Indicator
SP. GRAVITY	1.030		1.002-1.030	Bromothymol Blue
<b>BIOCHEMICAL EXAMINATION</b>				
URINE PROTEIN	NEGATIVE		NEGATIVE	Protein Error Of Indicator
GLUCOSE	NEGATIVE		NEGATIVE	Glucose Oxidase
URINE BILIRUBIN	NEGATIVE		NEGATIVE	Azo Coupling Reaction
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	Sodium Nitro Prusside
UROBILINOGEN	NEGATIVE		NORMAL	Modified Ehrlich Reaction
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Leucocyte Esterase
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	0-1	/hpf	0-5	Microscopy
EPITHELIAL CELLS	0-1	/hpf	<10	Microscopy
RBC	ABSENT	/hpf	0-2	Microscopy
CASTS	NIL		0-2 Hyaline Cast	Microscopy
CRYSTALS	ABSENT		ABSENT	Microscopy

**Comment:**

All urine samples are checked for adequacy and suitability before examination. All abnormal chemical examination are rechecked and verified by manual methods. Microscopy findings are reported as an average of 10 high power fields.

\*\*\* End Of Report \*\*\*

Page 20 of 21



**DR. APEKSHA MADAN**  
MBBS, DPB  
PATHOLOGY



SIN No:UR2419721

**Apollo Speciality Hospitals Private Limited**  
(Formerly known as Apollo Speciality Hospitals Private Limited)  
CIN- U85100TG2009PTC099414  
Regd Off:1-10-62/62, 5th Floor, Ashoka Baghupet/HiChambers,  
Begumpet, Hyderabad, Telangana - 500016

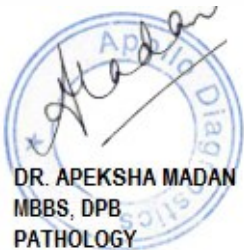
**Address:**  
100, Apollo Speciality Hospitals Building,  
Indira Nagar, Central, Banjara Hills,  
Hyderabad, Telangana - 500016  
Ph: 022-4552 4550

Patient Name : Mr.GANESH SUDAN KHEDEKAR  
Age/Gender : 40 Y 0 M 11 D/M  
UHID/MR No : STAR.0000066362  
Visit ID : STAROPV74771  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 23319

Collected : 13/Nov/2024 08:31AM  
Received : 13/Nov/2024 02:01PM  
Reported : 13/Nov/2024 04:32PM  
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Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF CLINICAL PATHOLOGY**

**ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324**

  
**DR. APEKSHA MADAN**  
MBBS, DPB  
PATHOLOGY



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Begumpet, Hyderabad, Telangana - 500016


**Address:**  
100, Apollo Speciality Hospitals Building,  
Tandri (Medical Camp), Banjara Hills, Hyderabad  
Tn: 022-4552 4550

Patient Name : Mr.GANESH SUDAN KHEDEKAR  
Age/Gender : 40 Y 0 M 11 D/M  
UHID/MR No : STAR.0000066362  
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#### TERMS AND CONDITIONS GOVERNING THIS REPORT

1. Reported results are for information and interpretation of the referring doctor or such other medical professionals, who understand reporting units, reference ranges and limitation of technologies. Laboratories not be responsible for any interpretation whatsoever.
2. It is presumed that the tests performed are, on the specimen / sample being to the patient named or identified and the verifications of particulars have been confirmed by the patient or his / her representative at the point of generation of said specimen.
3. The reported results are restricted to the given specimen only. Results may vary from lab to lab and from time to time for the same parameter for the same patient (within subject biological variation).
4. The patient details along with their results in certain cases like notifiable diseases and as per local regulatory requirements will be communicated to the assigned regulatory bodies.
5. The patient samples can be used as part of internal quality control, test verification, data analysis purposes within the testing scope of the laboratory.
6. This report is not valid for medico legal purposes. It is performed to facilitate medical diagnosis only.

  
**DR. APEKSHA MADAN**  
MBBS, DPB  
PATHOLOGY



SIN No:UR2419721

#### Apollo Speciality Hospitals Private Limited

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CIN- U85100TG2009PTC099414

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Begummeer, Hyderabad, Telangana - 500016

#### Address:

100, Pasham Cheruvu, 10th Floor, Apollo Building,  
Tandri Junction, Central, Manikonda,  
Hyderabad - 500082

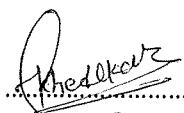
## CONSENT FORM

Client Name: Mr. Ganesh Khedekar Age: 40 yrs / Male  
UHID Number: STAR 66362 Company Name: .....

I Mr/Mrs/Ms Ganesh Khedekar Employee of .....  
(Company) Want to inform you that I am not interested in getting ENT Consultation

Tests done which is a part of my routine health check package.

And I claim the above statement in my full consciousness.

Patient Signature:  Date: 16/11/2024



# JM FINANCIAL



**Ganesh Khedekar**

EMP Code : 23319 Blood Group: O+

Date of Birth : 02-11-1984 Joining Date : 01-07-2021

Department : Operations - Branch

Emerg No : 9892740245/91 2261363400

Designation : Senior Executive

2,3,4 Kamanwala Chambers, Sir P. M. Road,  
Fort, Mumbai - 400 001

Date of issue: 30-06-2023

  
Authorised Signatory



भारत सरकार  
GOVERNMENT OF INDIA





गणेश सुदाम खेडेकर  
Ganesh Sudam Khedekar  
जन्म तिथि/DOB: 02/11/1984  
पुरुष/ MALE  
Mobile No: 9892925814  
**3700 0944 3194**

**मेरा आधार, मेरी पहचान**



## Customer Care

---

**From:** noreply@apolloclinics.info  
**Sent:** 11 November 2024 16:18  
**To:** Ganesh.Khedekar@jmfl.com  
**Cc:** cc.tardeo@apollospectra.com; syamsunder.m@apollohl.com  
**Subject:** Your appointment is confirmed



**Dear Ganesh S Khedekar,**

Greetings from Apollo Clinics,

Your corporate health check appointment is confirmed at **SPECTRA TARDEO clinic** on **2024-11-13** at **08:00-08:15**.

Payment Mode	
Corporate Name	<b>ARCOFEMI HEALTHCARE LIMITED</b>
Agreement Name	<b>[ARCOFEMI MEDIWHEEL AHC CREDIT PAN INDIA OP AGREEMENT]</b>
Package Name	<b>[ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324]</b>

**"Kindly carry with you relevant documents such as HR issued authorization letter and or appointment confirmation mail and or valid government ID proof and or company ID card and or voucher as per our agreement with your company or sponsor."**

**Note: Video recording or taking photos inside the clinic premises or during camps is not allowed and would attract legal consequences.**

**Note: Also once appointment is booked, based on availability of doctors at clinics tests will happen, any pending test will happen based on doctor availability and clinics will be updating the same to customers.**

**Instructions to be followed for a health check:**

1. Please ensure you are on complete fasting for 10-To-12-Hours prior to check.
2. During fasting time do not take any kind of alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning. If any medications taken, pls inform our staff before health check.
3. Please bring all your medical prescriptions and previous health medical records with you.
4. Kindly inform our staff, if you have a history of diabetes and cardiac problems.

#### **For Women:**

1. Pregnant women or those suspecting are advised not to undergo any X-Ray test.
2. It is advisable not to undergo any health check during menstrual cycle.

**For further assistance, please call us on our Help Line #: 1860 500 7788.**

**Clinic Address: FAMOUS CINE LABS,156, PT.M.M.MALVIYA RAOD,TARDEO,MUMBAI,400034 .**

**Contact No: 022 - 4332 4500.**

P.S: Health Check-Up may take 4 - 5hrs for completion on week days & 5 - 6hrs on Saturdays, kindly plan accordingly, Doctor Consultation will be completed after all the Reports are ready.

Warm Regards,  
Apollo Clinic

Apollo Spectra Hospitals  
156, Famous Cine Labs, Behind  
Everest Building, Tardeo,  
Mumbai, Maharashtra 400034  
Ph. No.: 022 4332 4500  
E:doctorrinal@gmail.com

  
Apollo Spectra<sup>®</sup>  
HOSPITALS  
Specialists in Surgery

Patient Name: Mr. Ganesh Jagan Kholeker Age: 40/M

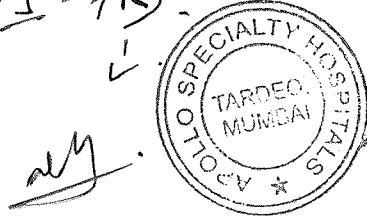
Address: \_\_\_\_\_ Date: 13/11/24

Rx

① OPG

② Clonyl

③ Extraction - (5-7K)



Signature  
Dr. Rinal Modi B.D.S (Mumbai)  
Dental Surgeon  
Reg. No. : A -28591  
M: 87792 56365 / 98922 90876  
E:doctorrinal@gmail.com

**OUT-PATIENT RECORD**

Date : 13/11/2024  
 MRNO : 66362  
 Name : MR. Ganesh Jhadelkar  
 Age/Gender : 40 yrs / Male  
 Mobile No :  
 Passport No :  
 Aadhar number :

Pulse : 94 /m's	B.P. : 150/100	Resp : 18 /m's	Temp : (N)
Weight : 84.6	Height : 171 cm	BMI : 28.9	Waist Circum : 85 cm

MENUS - (1)

General Examination / Allergies  
History

Clinical Diagnosis & Management Plan

STP ASD closure 2011.  
 Married, Nonvegetarian  
 sleep. (N) No Allergy.  
 No addictions  
 (1) Hypertension 2018 reversed fully.  
 HT since 2011. T. Statins (Atorvastatin).  
 PH: Paderin : JET/PM  
 Meds: JET.  
 TG 190. FFBK 5.8. vit D 16.4.  
 1) Avoid oil/ghee/sneek/Sugar  
 2) morning walk 45 min daily  
 3) Repeat lipid/sugar after 2 months  
 4) T. Solios D<sub>3</sub> 600 once a week x 2 months  
 Physically fit.

Physician & Cardiologist  
 Reg. No. 56942



Apollo Spectra Hospitals: 156, Famous Cine Labs, Behind Everest Building, Tardeo, Mumbai - 400034  
 Follow up date: Ph No: 022- 4332 4500 | www.apollospectra.com

**EYE REPORT**

Name: Ganesh Khedekar

Date: 13/11/24

Age / Sex: 40/M

Ref No.:

Complaint: Watery & burning sen<sup>n</sup> in both eyes when a/w headaches.

Examination

(OU) Mild mark ↓ in TFH.  
— Papillae, severe cong + —  
K. clear

Vm X 6/6 N/6  
(Plane)

Spectacle Rx

(OU) 0.7:1  
IR = SR

Q.D

RT ⊕

Clear lens

	Right Eye				Vision	Sphere	Cyl.	Axis
	Vision	Sphere	Cyl.	Axis				
Distance								
Read								

FR+

Remarks:

Medications:

Trade Name	Frequency	Duration
Floace eye drops	4 times a day	weekly follow
Kubimoist eye drops	4 times a day	

Follow up:



Consultant:

ID 0 *Ganesh Khandelwal* | Height 171cm | Date 13.11.2024 | APOLLO SPECTRA HOSPITAL  
 Age 40 | Gender Male | Time 10:26:42

## Body Composition

	Under	Normal	Over	UNIT%	Normal Range
<b>Weight</b>	40 55 70 85 100 115 130 145 160 175 190 205				54.7 ~ 74.0
<b>Muscle Mass</b> Skeletal Muscle Mass	60 70 80 90 100 110 120 130 140 150 160 170				27.4 ~ 33.5
<b>Body Fat Mass</b>	20 40 60 80 100 120 140 160 180 200 220 240 260 280 300 320 340 360 380 400 420 440 460 480 500 520				7.7 ~ 15.4
<b>TBW</b> Total Body Water	41.3 kg (36.2 ~ 44.2)		<b>FFM</b> Fat Free Mass		56.3 kg (47.0 ~ 58.5)
<b>Protein</b>	11.2 kg (9.7 ~ 11.8)		<b>Mineral*</b>		3.83 kg (3.35 ~ 4.09)

\* Mineral is estimated.

## Segmental Lean

	Lean Mass Evaluation
3.5kg Normal	3.4kg Normal
<b>Trunk</b> 27.0kg Normal	
8.5kg Normal	8.4kg Normal

## Obesity Diagnosis

	Units	Normal Range
<b>BMI</b> Body Mass Index (kg/m <sup>2</sup> )	28.9	18.5 ~ 25.0
<b>PBF</b> Percent Body Fat (%)	33.4	10.0 ~ 20.0
<b>WHR</b> Waist-Hip Ratio	1.05	0.80 ~ 0.90
<b>BMR</b> Basal Metabolic Rate (kcal)	1587	1768 ~ 2079

## Nutritional Evaluation

Protein	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Deficient
Mineral	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Deficient
Fat	<input type="checkbox"/> Normal	<input type="checkbox"/> Deficient <input checked="" type="checkbox"/> Excessive

## Weight Management

Weight	<input type="checkbox"/> Normal	<input type="checkbox"/> Under	<input checked="" type="checkbox"/> Over
SMM	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Under	<input type="checkbox"/> Strong
Fat	<input type="checkbox"/> Normal	<input type="checkbox"/> Under	<input checked="" type="checkbox"/> Over

## Obesity Diagnosis

BMI	<input type="checkbox"/> Normal	<input type="checkbox"/> Under	<input checked="" type="checkbox"/> Over	<input type="checkbox"/> Extremely Over
PBF	<input type="checkbox"/> Normal	<input type="checkbox"/> Under	<input checked="" type="checkbox"/> Over	
WHR	<input type="checkbox"/> Normal	<input type="checkbox"/> Under	<input checked="" type="checkbox"/> Over	

## Segmental Fat

	PBF Fat Mass Evaluation
35.2%	36.2%
2.0kg Over	2.0kg Over
<b>Trunk</b> 35.5%	
15.7kg Over	
28.4%	28.7%
3.6kg Over	3.6kg Over

\* Segmental Fat is estimated.

## Muscle-Fat Control

Muscle Control	0.0 kg	Fat Control	- 18.3 kg	Fitness Score	63
----------------	--------	-------------	-----------	---------------	----

## Impedance

Z	RA	LA	TR	RL	LL
20kHz	296.3	289.2	25.2	274.8	261.8
100kHz	265.5	259.3	21.7	243.6	231.4

\* Use your results as reference when consulting with your physician or fitness trainer.

## Exercise Planner

Plan your weekly exercises from the followings and estimate your weight loss from those activities.

Energy expenditure of each activity (base weight: 84.6 kg / Duration: 30 min. / unit: kcal)							
Walking	Jogging	Bicycle	Swim	Mountain Climbing	Aerobic		
169	296	254	296	276	296		
Table tennis	Tennis	Football	Oriental Fencing	Gate ball	Badminton		
191	254	296	423	161	191		
Racket ball	Tae-kwon-do	Squash	Basketball	Rope jumping	Golf		
423	423	423	254	296	149		
Push-ups	Sit-ups	Weight training	Dumbbell exercise	Elastic band	Squats		
development of upper body	abdominal muscle training	backache prevention	muscle strength	muscle strength	maintenance of lower body muscle		

### • How to do

1. Choose practicable and preferable activities from the left.
2. Choose exercises that you are going to do for 7 days.
3. Calculate the total energy expenditure for a week.
4. Estimate expected total weight loss for a month using the formula shown below.

### • Recommended calorie intake per day

1600 kcal

\* Calculation for expected total weight loss for 4 weeks: **Total energy expenditure (kcal/week) X 4weeks ÷ 7700**

GANESH

Male

40Years

Rate: 95 . Sinus rhythm  
 . ST elev, probable normal early repol pattern  
 . Baseline wander in lead(s) III V2 V5 V6

PR 184  
 QRSd 92  
 QT 318  
 QTcB 401

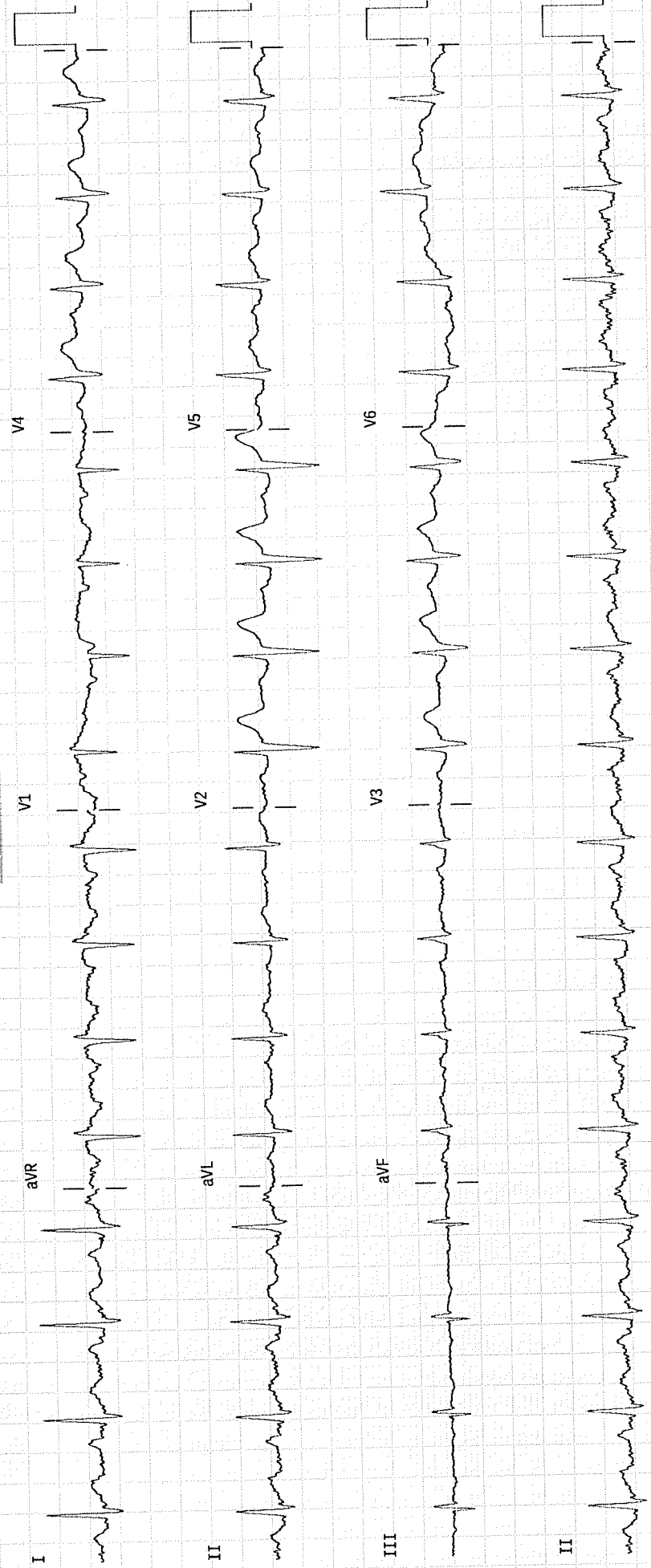
--AXIS--  
 P 34  
 QRS 41  
 T 26

12 Leads; Standard Placement



*Diagnosis lead III*

Dr. (Mrs.) CHHAYA P. VAJA  
 M.D. (MUM)  
 Physician & Cardiologist  
 Reg. No. 56942



Device: F 50- 0.50-40 HZ W  
 Speed: 25mm/sec  
 Chest: 10.00mm/mv  
 Limb: 10.00mm/mv  
 110C CL  
 P?

**PULMONARY FUNCTION TEST**

**Patient Information**

FVL (ex/in)

Name	Khedekar, Ganesh	Asthma	--
ID	66362	Smoker	--
Age	40 (02-11-1984)	Test Type	FVL (ex/in)
Height	171 cm	Test Date	13-11-2024 11:12:55
Weight	84 kg	Post Time	
Sex at Birth	Male	Predicted	Knudson, 1983 * 0.90
Ethnicity	Asian	Physician	
BMI	28.7		

**Test Result**

Parameter	Pred	LLN	Pre	
			Best	%Pred
FVC [L]	4.01	2.94	<b>3.48</b>	87
FEV1 [L]	3.32	2.56	<b>2.97</b>	89
FEV1/FVC [%]	82.4	71.6	<b>85.3</b>	104
FEF25-75 [L/s]	3.93	1.58	<b>3.38</b>	86
PEF [L/s]	8.68	-	<b>9.97</b>	115
FET [s]	-	-	<b>5.5</b>	-
FIVC [L]	4.01	2.94	<b>3.67</b>	92
PIF [L/s]	-	-	<b>6.66</b>	-
System Interpretation	Pre		Normal Spirometry	

Parameter	Pred	LLN	Pre	
			Best	%Pred
VC [L]	4.01	2.94	<b>3.38</b>	84
VCex [L]	4.01	2.94	<b>3.38</b>	84
VCin [L]	4.01	2.94	-	-
IRV [L]	-	-	<b>1.41</b>	-
IC [L]	3.20	2.29	<b>2.32</b>	72
VT [L]	-	-	<b>0.92</b>	-
Rf [1/min]	-	-	<b>148.1</b>	-

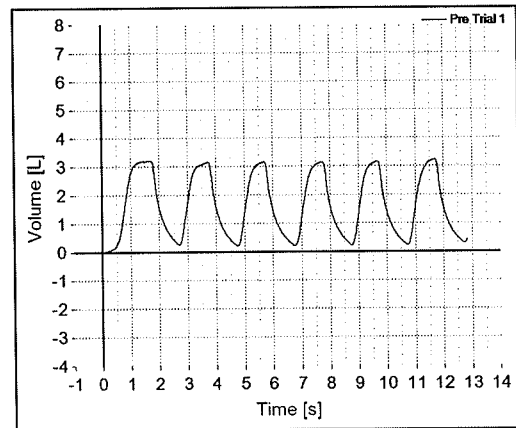
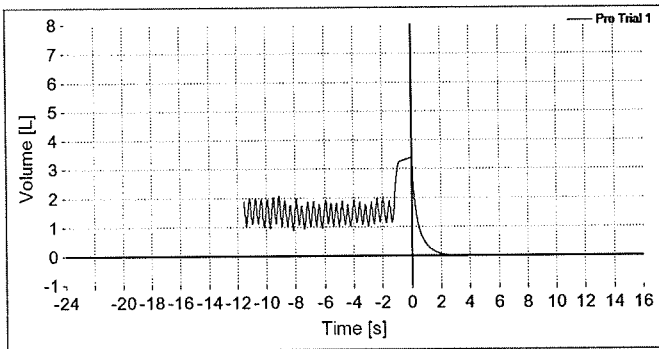
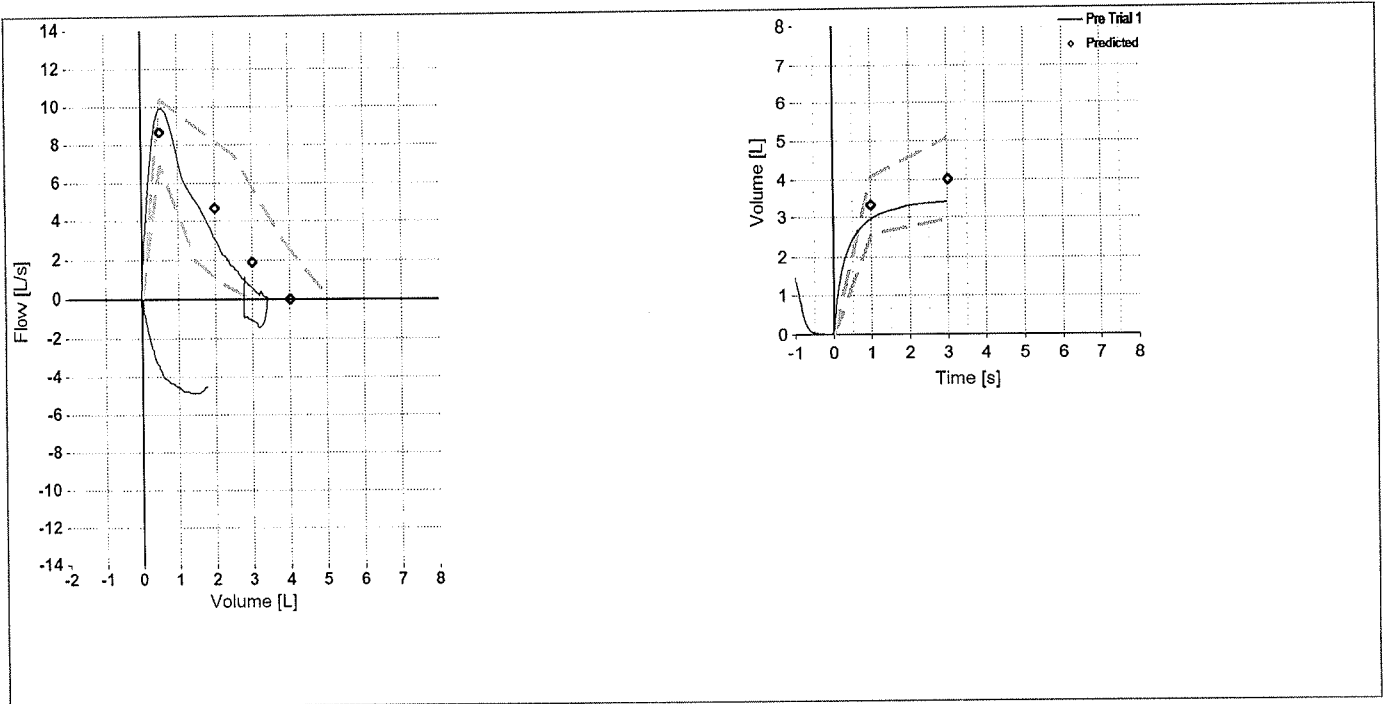
Caution: Poor session quality. Interpret with care.

Parameter	Pred	LLN	Pre	
			Best	%Pred
MVV [L/min]	119.9	-	<b>82.8</b>	69
MVV time [s]	-	-	<b>12.7</b>	-
MVV6 [L/min]	-	-	<b>78.2</b>	-
VT [L]	-	-	<b>2.93</b>	-
Rf [1/min]	-	-	<b>23.5</b>	-

Caution: Poor session quality. Interpret with care.



**PULMONARY FUNCTION TEST**



**Remark:**

*Normal Repeat*

Patient Name	: Mr. GANESH SUDAN KHEDEKAR	Age	: 40 Y M
UHID	: STAR.0000066362	OP Visit No	: STAROPV74771
Reported on	: 13-11-2024 11:09	Printed on	: 13-11-2024 11:12
Adm/Consult Doctor	:	Ref Doctor	: SELF

---

**DEPARTMENT OF RADIOLOGY**

---

**X-RAY CHEST PA**

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

**CONCLUSION :**

No obvious abnormality seen

Printed on:13-11-2024 11:09

---End of the Report---



**Dr. VINOD SHETTY**  
Radiology

Name : Mr. Ganesh Khedekar  
Age : 40 Year(s)

Date : 13/11/2024  
Sex : Male  
Visit Type : OPD

### **ECHO Cardiography**

#### **Comments: S/P ASD closure.**

Normal cardiac dimensions.  
Structurally normal valves.  
No evidence of LVH.  
Intact IAS/IVS.  
No evidence of regional wall motion abnormality.  
Normal LV systolic function (LVEF 60%).  
No diastolic dysfunction.  
Normal RV systolic function.  
No intracardiac clots / vegetation/ pericardial effusion.  
No evidence of pulmonary hypertension.PASP=30mmHg.  
IVC 12 mm collapsing with respiration.

#### **Final Impression:**

ASD PATCH IN SITU WITH NO LEAK.




**DR.CHHAYA P.VAJA. M. D.(MUM)**  
**NONINVASIVE CARDIOLOGIST**

Name : Mr. Ganesh Khedekar  
Age : 40 Year(s)

Date : 13/11/2024  
Sex : Male  
Visit Type : OPD

**Dimension:**

EF Slope	100mm/sec
EPSS	04mm
LA	34mm
AO	23mm
LVID (d)	45mm
LVID(s)	22mm
IVS (d)	11mm
LVPW (d)	11mm
LVEF	60% (visual)

  
**DR. CHHAYA P. VAJA. M. D. (MUM)**  
**NONINVASIVE CARDIOLOGIST**

Patient Name : MR. GANESH KHEDEKAR  
Ref. By : HEALTH CHECK UP

Date : 13-11-2024  
Age : 40 years

**SONOGRAPHY OF ABDOMEN AND PELVIS**

**LIVER** : The liver is normal in size but shows mild diffuse increased echotexture suggestive of fatty infiltration (Grade I). No focal mass lesion is seen. The intrahepatic biliary tree & venous radicles appear normal. The portal vein and CBD appear normal.

**GALL BLADDER** : The gall bladder is well distended and reveals normal wall thickness. There is no evidence of calculus seen in it.

**PANCREAS** : The pancreas is normal in size and echotexture. No focal mass lesion is seen.

**SPLEEN** : The spleen is normal in size and echotexture. No focal parenchymal mass lesion is seen. The splenic vein is normal.

**KIDNEYS** : The **RIGHT KIDNEY** measures 11.0 x 5.7 cms and the **LEFT KIDNEY** measures 11.2 x 5.6 cms in size. Both kidneys are normal in size, shape and echotexture. There is no evidence of hydronephrosis or calculi seen on either side.


The para-aortic & iliac fossa regions appears normal. There is no free fluid or any lymphadenopathy seen in the abdomen.

**PROSTATE** : The prostate measures 2.9 x 2.7 x 2.5 cms and weighs 10.7 gms. It is normal in size, shape and echotexture. No prostatic calcification is seen.

**URINARY BLADDER** : The urinary bladder is well distended and is normal in shape and contour. No intrinsic lesion or calculus is seen in it. The bladder wall is normal in thickness.

**IMPRESSION:** The Ultrasound examination reveals mild fatty infiltration of the Liver. No other significant abnormality is detected.

Report with compliments.

  
**DR. VINOD V. SHETTY**  
MD, D.M.R.D.  
CONSULTANT SONOLOGIST.



TOUCHPATIENT-Names : Mr.GANESH SUDAN KHEDEKAR  
Age/Gender : 40 Y 0 M 11 D/M  
UHID/MR No : STAR.0000066362  
Visit ID : STAROPV74771  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 23319



Collected : 13/Nov/2024 08:31AM  
Received : 13/Nov/2024 10:12AM  
Reported : 13/Nov/2024 01:24PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

### DEPARTMENT OF HAEMATOLOGY

#### PERIPHERAL SMEAR , WHOLE BLOOD EDTA

Methodology : Microscopic

RBC : Normocytic normochromic

WBC : Normal in number, morphology and distribution. No abnormal cells seen

Platelets : Adequate on smear.


Parasites : No Haemoparasites seen

**IMPRESSION : Normocytic normochromic blood picture**

Note/Comment : Please Correlate clinically

Page 1 of 21



  
DR. APEKSHA MADAN  
MBBS, DPB  
PATHOLOGY

SIN No:BED240246820

Patient Name : Mr.GANESH SUDAN KHEDEKAR  
 Age/Gender : 40 Y 0 M 11 D/M  
 UHID/MR No : STAR.0000066362  
 Visit ID : STAROPV74771  
 Ref Doctor : Dr.SELF  
 Emp/Auth/TPA ID : 23319

Collected : 13/Nov/2024 08:31AM  
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DEPARTMENT OF HAEMATOLOGY

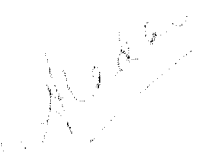
ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
HAEMOGLOBIN	15.9	g/dL	13-17	CYANIDE FREE COLOURIMETER
PCV	49.10	%	40-50	PULSE HEIGHT AVERAGE
RBC COUNT	6.02	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	81.6	fL	83-101	Calculated
MCH	26.4	pg	27-32	Calculated
MCHC	32.3	g/dL	31.5-34.5	Calculated
R.D.W	13	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,430	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	62	%	40-80	Electrical Impedance
LYMPHOCYTES	28	%	20-40	Electrical Impedance
EOSINOPHILS	02	%	1-6	Electrical Impedance
MONOCYTES	08	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	3986.6	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1800.4	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	128.6	Cells/cu.mm	20-500	Calculated
MONOCYTES	514.4	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	2.21		0.78- 3.53	Calculated
PLATELET COUNT	209000	cells/cu.mm	150000-410000	IMPEDENCE/MICROSCOPY
ERYTHROCYTE SEDIMENTATION RATE (ESR)	05	mm at the end of 1 hour	0-15	Modified Westergren
<b>PERIPHERAL SMEAR</b>				

Methodology : Microscopic

Page 2 of 21



  
 DR. APEKSHA MADAN  
 MBBS, DPG  
 PATHOLOGY

SIN No:BED240246820

Age/Gender : 40 Y 0 M 11 D/M  
UHID/MR No : STAR.0000066362  
Visit ID : STAROPV74771  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 23319

Collected : 13/Nov/2024 08:31AM  
Received : 13/Nov/2024 10:12AM  
Reported : 13/Nov/2024 01:24PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF HAEMATOLOGY**

**ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324**

RBC : Normocytic normochromic

WBC : Normal in number, morphology and distribution. No abnormal cells seen


Platelets : Adequate on smear.

Parasites : No Haemoparasites seen

**IMPRESSION : Normocytic normochromic blood picture**

Note/Comment : Please Correlate clinically



  
DR. APEKSHA MADAN  
MBBS. DPB  
PATHOLOGY

SIN No:BED240246820





TOUCH Patient Names : Mr.GANESH SUDAN KHEDEKAR  
 Age/Gender : 40 Y 0 M 11 D/M  
 UHID/MR No : STAR.0000066362  
 Visit ID : STAROPV74771  
 Ref Doctor : Dr.SELF  
 Emp/Auth/TPA ID : 23319



Collected : 13/Nov/2024 08:31AM  
 Received : 13/Nov/2024 10:12AM  
 Reported : 13/Nov/2024 01:24PM  
 Status : Final Report  
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
BLOOD GROUP ABO AND RH FACTOR , <i>WHOLE BLOOD EDTA</i>				
BLOOD GROUP TYPE	O			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination



DR. APEKSHA MADAN  
 MBBS, DPB  
 PATHOLOGY

SIN No:BED240246820

Patient Name : Mr.GANESH SUDAN KHEDEKAR  
 Age/Gender : 40 Y 0 M 11 D/M  
 UHID/MR No : STAR.0000066362  
 Visit ID : STAROPV74771  
 Ref Doctor : Dr.SELF  
 Emp/Auth/TPA ID : 23319

Collected : 13/Nov/2024 08:31AM  
 Received : 13/Nov/2024 10:20AM  
 Reported : 13/Nov/2024 01:22PM  
 Status : Final Report  
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, FASTING , NAF PLASMA	100	mg/dL	70-100	GOD - POD

Comment:


As per American Diabetes Guidelines, 2023

Fasting Glucose Values in mg/dL	Interpretation
70-100 mg/dL	Normal
100-125 mg/dL	Prediabetes
≥126 mg/dL	Diabetes
<70 mg/dL	Hypoglycemia

Note:

- The diagnosis of Diabetes requires a fasting plasma glucose of  $> \text{ or } = 126 \text{ mg/dL}$  and/or a random / 2 hr post glucose value of  $> \text{ or } = 200 \text{ mg/dL}$  on at least 2 occasions.
- Very high glucose levels ( $>450 \text{ mg/dL}$  in adults) may result in Diabetic Ketoacidosis & is considered critical.



  
 DR. APEKSHA MADAN  
 MBBS. DPB  
 PATHOLOGY

SIN No:PLJF02211439



TOUCHING LIVES

Patient Name : Mr.GANESH SUDAN KHEDEKAR  
 Age/Gender : 40 Y 0 M 11 D/M  
 UHID/MR No : STAR.0000066362  
 Visit ID : STAROPV74771  
 Ref Doctor : Dr.SELF  
 Emp/Auth/TPA ID : 23319



Collected : 13/Nov/2024 11:19AM  
 Received : 13/Nov/2024 12:53PM  
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	105	mg/dL	70-140	GOD - POD

Comment:

It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other.

Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.

DR. APEKSHA MADAN  
 MBBS. DPB  
 PATHOLOGY

SIN No:PLP1488128



TOUCHPATIENT  
 Patient Name : Mr.GANESH SUDAN KHEDEKAR  
 Age/Gender : 40 Y 0 M 11 D/M  
 UHID/MR No : STAR.0000066362  
 Visit ID : STAROPV74771  
 Ref Doctor : Dr.SELF  
 Emp/Auth/TPA ID : 23319

Collected : 13/Nov/2024 08:31AM  
 Received : 13/Nov/2024 02:33PM  
 Reported : 13/Nov/2024 03:29PM  
 Status : Final Report  
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
HBA1C, GLYCATED HEMOGLOBIN	5.8	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	120	mg/dL		Calculated

**Comment:**

Reference Range as per American Diabetes Association (ADA) 2023 Guidelines:

REFERENCE GROUP	HBA1C %
NON DIABETIC	<5.7
PREDIABETES	5.7 – 6.4
DIABETES	≥ 6.5
DIABETICS	
EXCELLENT CONTROL	6 – 7
FAIR TO GOOD CONTROL	7 – 8
UNSATISFACTORY CONTROL	8 – 10
POOR CONTROL	>10

Note: Dietary preparation or fasting is not required.

1. HbA1c is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023

2. Trends in HbA1c values is a better indicator of Glycemic control than a single test.

3. Low HbA1c in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.

4. Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.

5. In cases of Interference of Hemoglobin variants in HbA1c, alternative methods (Fructosamine) estimation is recommended for Glycemic Control

A: HbF >25%

B: Homozygous Hemoglobinopathy.

(Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)



Dr. Sandip Kumar Banerjee  
 M.B.B.S., M.D. (PATHOLOGY), D.P.B  
 Consultant Pathologist

SIN No: EDT240094256



Patient Name : Mr.GANESH SUDAN KHEDEKAR  
 Age/Gender : 40 Y 0 M 11 D/M  
 UHID/MR No : STAR.0000066362  
 Visit ID : STAROPV74771  
 Ref Doctor : Dr.SELF  
 Emp/Auth/TPA ID : 23319

Collected : 13/Nov/2024 08:31AM  
 Received : 13/Nov/2024 10:09AM  
 Reported : 13/Nov/2024 11:46AM  
 Status : Final Report  
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	130	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	190	mg/dL	<150	
HDL CHOLESTEROL	30	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	100	mg/dL	<130	Calculated
LDL CHOLESTEROL	62	mg/dL	<100	Calculated
VLDL CHOLESTEROL	38	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.33		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.44		<0.11	Calculated

**Comment:**

Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	≥ 500
LDL	Optimal < 100 Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220




DR. APEKSHA MADAN  
 MBBS, DPM  
 PATHOLOGY

SIN No:SI04844483

TOUCH Patient Name: Mr. GANESH SUDAN KHEDEKAR  
 Age/Gender: 40 Y 0 M 11 D/M  
 UHID/MR No: STAR.0000066362  
 Visit ID: STAROPV74771  
 Ref Doctor: Dr. SELF  
 Emp/Auth/TPA ID: 23319

Collected: 13/Nov/2024 08:31 AM  
 Received: 13/Nov/2024 10:09 AM  
 Reported: 13/Nov/2024 11:46 AM  
 Status: Final Report  
 Sponsor Name: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.80	mg/dL	0.1-1.2	Azobilirubin
BILIRUBIN CONJUGATED (DIRECT)	0.30	mg/dL	0.1-0.4	DIAZO DYE
BILIRUBIN (INDIRECT)	0.50	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	54	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	39.0	U/L	8-38	JSCC
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	0.7		<1.15	Calculated
ALKALINE PHOSPHATASE	72.00	U/L	32-111	IFCC
PROTEIN, TOTAL	7.80	g/dL	6.7-8.3	BIURET
ALBUMIN	4.90	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	2.90	g/dL	2.0-3.5	Calculated
A/G RATIO	1.69		0.9-2.0	Calculated

**Comment:**

LFT results reflect different aspects of the health of the liver. i.e., hepatocyte integrity (AST & ALT), synthesis and secretion of bile (Bilirubin, ALP), cholestasis (ALP, GGT), protein synthesis (Albumin) Common patterns seen:

1. Hepatocellular Injury:

\*AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries. \*ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI. Disproportionate increase in AST, ALT compared with ALP. AST: ALT (ratio) – In case of hepatocellular injury AST: ALT > 1 In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilson's's diseases, Cirrhosis, but the increase is usually not >2.

2. Cholestatic Pattern: \*ALP – Disproportionate increase in ALP compared with AST, ALT. ALP elevation also seen in pregnancy, impacted by age and sex. \*Bilirubin elevated- predominantly direct , To establish the hepatic origin correlation with elevated GGT helps.

3. Synthetic function impairment: \*Albumin- Liver disease reduces albumin levels, Correlation with PT (Prothrombin Time) helps.

4. Associated tests for assessment of liver fibrosis - Fibrosis-4 and APRI Index.



*Apeksha Madan*  
 DR. APEKSHA MADAN  
 MBBS, DPB  
 PATHOLOGY  
 SIN No: SE04844483



TOUCHPOINT SERVICES

Patient Name : Mr.GANESH SUDAN KHEDEKAR  
Age/Gender : 40 Y 0 M 11 D/M  
UHID/MR No : STAR.0000066362  
Visit ID : STAROPV74771  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 23319



Collected : 13/Nov/2024 08:31AM  
Received : 13/Nov/2024 10:09AM  
Reported : 13/Nov/2024 11:46AM  
Status : Final Report  
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324

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DR. APEKSHA MADAN  
MBBS. DPB  
PATHOLOGY

SIN No:SE04844483

TOUCH YOUR LIFE  
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Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>LIVER FUNCTION TEST (LFT) WITH GGT , SERUM</b>				
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BILIRUBIN CONJUGATED (DIRECT)	0.30	mg/dL	0.1-0.4	DIAZO DYE
BILIRUBIN (INDIRECT)	0.50	mg/dL	0.0-1.1	Dual Wavelength
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GLOBULIN	2.90	g/dL	2.0-3.5	Calculated
A/G RATIO	1.69		0.9-2.0	Calculated
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT)	31.00	U/L	16-73	Glycylglycine Kinetic method

**Comment:**

LFT results reflect different aspects of the health of the liver, i.e., hepatocyte integrity (AST & ALT), synthesis and secretion of bile (Bilirubin, ALP), cholestasis (ALP, GGT), protein synthesis (Albumin) Common patterns seen:

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2. Cholestatic Pattern:

\*ALP – Disproportionate increase in ALP compared with AST, ALT. ALP elevation also seen in pregnancy, impacted by age and sex. \*Bilirubin elevated- predominantly direct, To establish the hepatic origin correlation with elevated GGT helps.

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*Madan*  
DR. APEKSHA MADAN  
MBBS, DPB  
PATHOLOGY

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ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324

3. Synthetic function impairment:

\*Albumin- Liver disease reduces albumin levels, Correlation with PT (Prothrombin Time) helps.

4. Associated tests for assessment of liver fibrosis - Fibrosis-4 and APRI Index.

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DR. APEKSHA MADAN  
MBBS. DPB  
PATHOLOGY

SIN No:SF04844483

TOUCHING LIVES  
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**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.90	mg/dL	0.6-1.1	ENZYMATIC METHOD
UREA	24.20	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	11.3	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.60	mg/dL	4.0-7.0	URICASE
CALCIUM	9.20	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	3.40	mg/dL	2.6-4.4	PNP-XOD
SODIUM	143	mmol/L	135-145	Direct ISE
POTASSIUM	4.2	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	104	mmol/L	98-107	Direct ISE
PROTEIN, TOTAL	7.80	g/dL	6.7-8.3	BIURET
ALBUMIN	4.90	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	2.90	g/dL	2.0-3.5	Calculated
A/G RATIO	1.69		0.9-2.0	Calculated




DR. APEKSHA MADAN  
MBBS, DPB  
PATHOLOGY  
SIN No:SE04844483



TOUCH Patient Names : Mr.GANESH SUDAN KHEDEKAR  
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Test Name	Result	Unit	Bio. Ref. Interval	Method
ALKALINE PHOSPHATASE , SERUM	72.00	U/L	32-111	IFCC

Test Name	Result	Unit	Bio. Ref. Interval	Method
CALCIUM , SERUM	9.20	mg/dL	8.4-10.2	CPC

Comments:-

Serum calcium measurements are done to monitor and diagnose disorders of skeletal system, parathyroid gland, kidney, muscular disorders, and abnormal vitamin D and protein levels.



*Handwritten signature*

DR. APEKSHA MADAN  
 MBBS, DPB  
 PATHOLOGY  
 SIN No:SE04844483

TOUCHING LIVES

Patient Name : Mr.GANESH SUDAN KHEDEKAR  
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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-IODOTHYRONINE (T3, TOTAL)	1.7	ng/mL	0.67-1.81	ELFA
THYROXINE (T4, TOTAL)	8.16	µg/dL	4.66-9.32	ELFA
THYROID STIMULATING HORMONE (TSH)	1.220	µIU/mL	0.25-5.0	ELFA

Comment:

For pregnant females

First trimester	0.1 - 2.5
Second trimester	0.2 - 3.0
Third trimester	0.3 - 3.0

Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)

1. TSH is a glycoprotein hormone secreted by the anterior pituitary. TSH activates production of T3 (Triiodothyronine) and its prohormone T4 (Thyroxine). Increased blood level of T3 and T4 inhibit production of TSH.
2. TSH is elevated in primary hypothyroidism and will be low in primary hyperthyroidism. Elevated or low TSH in the context of normal free thyroxine is often referred to as sub-clinical hypo- or hyperthyroidism respectively.
3. Both T4 & T3 provides limited clinical information as both are highly bound to proteins in circulation and reflects mostly inactive hormone. Only a very small fraction of circulating hormone is free and biologically active.
4. Significant variations in TSH can occur with circadian rhythm, hormonal status, stress, sleep deprivation, medication & circulating antibodies.

TSH	T3	T4	FT4	Conditions
High	Low	Low	Low	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis
High	N	N	N	Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Treatment.
N/Low	Low	Low	Low	Secondary and Tertiary Hypothyroidism
Low	High	High	High	Primary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy
Low	N	N	N	Subclinical Hyperthyroidism
Low	Low	Low	Low	Central Hypothyroidism, Treatment with Hyperthyroidism
Low	N	High	High	Thyroiditis, Interfering Antibodies

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DR. APEKSHA MADAN  
 MBBS, DPB  
 PATHOLOGY

SIN No:SPL24146642



TOUCHING LIVES

Patient Name : Mr.GANESH SUDAN KHEDEKAR  
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ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324

N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma



DR. APEKSHA MADAN  
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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
VITAMIN D (25 - OH VITAMIN D) , SERUM	16.4	ng/mL		ELFA

Comment:

BIOLOGICAL REFERENCE RANGES

VITAMIN D STATUS	VITAMIN D 25 HYDROXY (ng/mL)
DEFICIENCY	<10
INSUFFICIENCY	10 – 30
SUFFICIENCY	30 – 100
TOXICITY	>100

The biological function of Vitamin D is to maintain normal levels of calcium and phosphorus absorption. 25-Hydroxy vitamin D is the storage form of vitamin D. Vitamin D assists in maintaining bone health by facilitating calcium absorption. Vitamin D deficiency can also cause osteomalacia, which frequently affects elderly patients.

Vitamin D Total levels are composed of two components namely 25-Hydroxy Vitamin D2 and 25-Hydroxy Vitamin D3 both of which are converted into active forms. Vitamin D2 level corresponds with the exogenous dietary intake of Vitamin D rich foods as well as supplements. Vitamin D3 level corresponds with endogenous production as well as exogenous diet and supplements.

Vitamin D from sunshine on the skin or from dietary intake is converted predominantly by the liver into 25-hydroxy vitamin D, which has a long half-life and is stored in the adipose tissue. The metabolically active form of vitamin D, 1,25-di-hydroxy vitamin D, which has a short life, is then synthesized in the kidney as needed from circulating 25-hydroxy vitamin D. The reference interval of greater than 30 ng/mL is a target value established by the Endocrine Society.

**Decreased Levels:-** Inadequate exposure to sunlight, Dietary deficiency, Vitamin D malabsorption, Severe Hepatocellular disease., Drugs like Anticonvulsants, Nephrotic syndrome.

**Increased levels:-** Vitamin D intoxication.



DR. APEKSHA MADAN  
 MBBS, DPB  
 PATHOLOGY

SIN No: SPL24146642



TOUCH Patient Names : Mr.GANESH SUDAN KHEDEKAR  
 Age/Gender : 40 Y 0 M 11 D/M  
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Collected : 13/Nov/2024 08:31AM  
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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
VITAMIN B12 , SERUM	150	pg/mL	120-914	CLIA

**Comment:**

Vitamin B12 deficiency frequently causes macrocytic anemia, glossitis, peripheral neuropathy, weakness, hyperreflexia, ataxia, loss of proprioception, poor coordination, and affective behavioral changes. A significant increase in RBC MCV may be an important indicator of vitamin B12 deficiency.  
 Patients taking vitamin B12 supplementation may have misleading results. A normal serum concentration of B12 does not rule out tissue deficiency of vitamin B12. The most sensitive test for B12 deficiency at the cellular level is the assay for MMA. If clinical symptoms suggest deficiency, measurement of MMA and homocysteine should be considered, even if serum B12 concentrations are normal.

Dr. Sandip Kumar Banerjee  
 M.B.B.S., M.D.(PATHOLOGY), D.P.B  
 Consultant Pathologist

SIN No:IM08608227





TOUCH Patient Names : Mr.GANESH SUDAN KHEDEKAR  
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ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM	0.460	ng/mL	0-4	ELFA



*(Handwritten signature)*

DR. APEKSHA MADAN  
 MBBS, DPB  
 PATHOLOGY

SIN No:SP124146642



TOUCH Patient Names : Mr.GANESH SUDAN KHEDEKAR  
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DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Physical Measurement
pH	6.0		5-7.5	Double Indicator
SP. GRAVITY	1.030		1.002-1.030	Bromothymol Blue
<b>BIOCHEMICAL EXAMINATION</b>				
URINE PROTEIN	NEGATIVE		NEGATIVE	Protein Error Of Indicator
GLUCOSE	NEGATIVE		NEGATIVE	Glucose Oxidase
URINE BILIRUBIN	NEGATIVE		NEGATIVE	Azo Coupling Reaction
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	Sodium Nitro Prusside
UROBILINOGEN	NEGATIVE		NORMAL	Modified Ehrlich Reaction
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Leucocyte Esterase
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	0-1	/hpf	0-5	Microscopy
EPITHELIAL CELLS	0-1	/hpf	<10	Microscopy
RBC	ABSENT	/hpf	0-2	Microscopy
CASTS	NIL		0-2 Hyaline Cast	Microscopy
CRYSTALS	ABSENT		ABSENT	Microscopy

**Comment:**

All urine samples are checked for adequacy and suitability before examination. All abnormal chemical examination are rechecked and verified by manual methods. Microscopy findings are reported as an average of 10 high power fields.

\*\*\* End Of Report \*\*\*

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*(Signature)*  
 DR. APEKSHA MADAN  
 MBBS, DPM  
 PATHOLOGY  
 SIN No:UR2419721



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TOUCHING LIVES

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#### TERMS AND CONDITIONS GOVERNING THIS REPORT

1. Reported results are for information and interpretation of the referring doctor or such other medical professionals, who understand reporting units, reference ranges and limitation of technologies. Laboratories not be responsible for any interpretation whatsoever.
2. It is presumed that the tests performed are, on the specimen / sample being to the patient named or identified and the verifications of particulars have been confirmed by the patient or his / her representative at the point of generation of said specimen.
3. The reported results are restricted to the given specimen only. Results may vary from lab to lab and from time to time for the same parameter for the same patient (within subject biological variation).
4. The patient details along with their results in certain cases like notifiable diseases and as per local regulatory requirements will be communicated to the assigned regulatory bodies.
5. The patient samples can be used as part of internal quality control, test verification, data analysis purposes within the testing scope of the laboratory.
6. This report is not valid for medico legal purposes. It is performed to facilitate medical diagnosis only.

DR. APEKSHA MADAN  
MBBS. DPB  
PATHOLOGY

SIN No:UR2419721



Customer Pending Tests  
ENT Consultation Pending - coming for consultation on 16-11-2024  
Client not willing for the ENT Consultation  
Consent given on 18th Nov,2024.

Mr. Ganesh Khedekar

## DIETARY GUIDELINES FOR BALANCED DIET

Should avoid both fasting and feasting.

A meal pattern should be followed. Have small frequent and regular meal. Do not exceeds the interval between two meals beyond 3 hours.

Exercise regularly for at least 30-45 minutes daily. Walking briskly is a good form of exercise, yoga, gym, cycling, and swimming.

Keep yourself hydrating by sipping water throughout the day. You can have plain lemon water (without sugar), thin butter milk, vegetable s`oups, and milk etc.

Fat consumption: - 3 tsp. per day / ½ kg per month per person.

It's a good option to keep changing oils used for cooking to take the benefits of all types of oil.eg: Groundnut oil, mustard oil, olive oil, Sunflower oil, Safflower oil, Sesame oil etc.

### FOOD ALLOWED

FOOD GROUPS	FOOD ITEMS
Cereals	Whole Wheat and Wheat product like daliya, rava ,bajara, jowar, ragi, oats, nachni etc.
pulses	Dal like moong, masoor, tur and pulses Chana, chhole, rajma , etc.
Milk	Prefer low fat cow's milk / skim milk and milk product like curd, buttermilk, paneer etc.
Vegetable	All types of vegetable.
Fruits	All types of Fruits.
Nuts	2 Almonds, 2 walnuts, 1 dry anjeer, dates, pumpkin seeds, flax seeds, niger seeds, garden cress seeds.
Non Veg	2-3 pices of Chicken/fish, (removed skin) twice a week and 2 egg white daily. Should be eat in grill and gravy form.

## **FOODS TO AVOID**

Maida and bakery product like Khari, toast, butter, pav, white bread, cake, nankhatai, pastry etc.

Fried sev, fried moong, fried dal, farsan, fafda etc.

Condense milk, concentrated milk sweets, butter, cheese, cream.

Groundnut, Coconut (Dry and fresh), Cashew nut, pista.

Dry fish, egg yolk, prawns, mutton, beef, lobster, pork, sausages, and organ meat like kidney, liver.

Hydrogenated fat like dalda, salted butter, ready to eat items, fast food, processed, preserves and canned food.

Carbonated beverages (soft drink), excess amount of tea and coffee, alcohol.

Papad, pickles, chutney.

Alcohol, smoking and Tabaco should be strictly avoided.



**Fauziya Ansari**  
**Clinical Nutritionist/ Dietician**  
E: [diet.trd@apollospectra.com](mailto:diet.trd@apollospectra.com)  
Cont.: 8452884100

<b>Patient Name</b>	: Mr. GANESH SUDAN KHEDEKAR	<b>Age/Gender</b>	: 40 Y/M
<b>UHID/MR No.</b>	: STAR.0000066362	<b>OP Visit No</b>	: STAROPV74771
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 13-11-2024 11:20
<b>LRN#</b>	: RAD2434329	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: 23319		

**DEPARTMENT OF RADIOLOGY**

**ULTRASOUND - WHOLE ABDOMEN**

**LIVER** : The liver is normal in size but shows mild diffuse increased echotexture suggestive of fatty infiltration (Grade I). No focal mass lesion is seen. The intrahepatic biliary tree & venous radicles appear normal. The portal vein and CBD appear normal.

**GALL BLADDER** : The gall bladder is well distended and reveals normal wall thickness. There is no evidence of calculus seen in it.

**PANCREAS** : The pancreas is normal in size and echotexture. No focal mass lesion is seen.

**SPLEEN** : The spleen is normal in size and echotexture. No focal parenchymal mass lesion is seen. The splenic vein is normal.

**KIDNEYS** : The **RIGHT KIDNEY** measures 11.0 x 5.7 cms and the **LEFT KIDNEY** measures 11.2 x 5.6 cms in size. Both kidneys are normal in size, shape and echotexture. There is no evidence of hydronephrosis or calculi seen on either side.

The para-aortic & iliac fossa regions appears normal. There is no free fluid or any lymphadenopathy seen in the abdomen.

**PROSTATE** : The prostate measures 2.9 x 2.7 x 2.5 cms and weighs 10.7 gms. It is normal in size, shape and echotexture. No prostatic calcification is seen.

**URINARY BLADDER** : The urinary bladder is well distended and is normal in shape and contour. No intrinsic lesion or calculus is seen in it. The bladder wall is normal in thickness.

**IMPRESSION:** The Ultrasound examination reveals mild fatty infiltration of the Liver. No other significant abnormality is detected.





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**UHID/MR No.** : STAR.0000066362

**OP Visit No** : STAROPV74771

**Sample Collected on** :

**Reported on** : 13-11-2024 11:12

**LRN#** : RAD2434329

**Specimen** :

**Ref Doctor** : SELF

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**DEPARTMENT OF RADIOLOGY**

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**X-RAY CHEST PA**

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

**CONCLUSION :**

No obvious abnormality seen



**Dr. VINOD SHETTY**  
Radiology